

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARBOR HOUSE II (0009746)

Address: 506 BASSETT ST, DEFOREST, WI 53532

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096573 **End Date:** 03/10/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095957 **End Date:** 11/15/2005 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008301 Served 11/25/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS		
83.33(3)(e)2.b	INJECTIONS		
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0094872 End Date: 05/04/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008222 Served 05/25/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.33(3)(e)2.b	INJECTIONS		

Survey ID: 0092301 End Date: 03/24/2004 Type: STANDARD Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007973 Served 04/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	05/04/2005	Yes
83.33(2)(a)	SUPERVISION	05/04/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 11/21/2005 **SOD #10008301** **Appealed: Yes** **Decision: PENDING**

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.33(3)(e)2.b

Date: 05/19/2005 **SOD #10008222** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(3)(e)2.b

Date: 04/06/2004 **SOD #10007973** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 01/09/2006

Date Investigation Completed: 03/10/2006

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/26/2005

Date Investigation Completed: 11/03/2005

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/25/2005

Date Investigation Completed: 11/02/2005

Subject Area(s)

SUPERVISION
STAFF ADEQUACY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/05/2004

Date Investigation Completed: 03/24/2004

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10007943
10007943

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.